

LOUISIANA AGRICULTURAL COMMODITIES COMMISSION

Ashley Dupree, Director

P.O. Box 3098

Baton Rouge, LA 70821

Complaint Form

Date: _____

Producer's Name: _____

Farm Name (if different): _____

Producer's Address: _____

Producer's Phone: () _____

Name of Grain Dealer/Warehouse/Cotton Merchant: _____

License # (if known): _____

Location of Grain Storage: _____

Type of Commodity: _____

Dates of Storage: _____

Date of Delivery: _____

Quantity Delivered: _____

Date of Payment: _____

Total Amount Due: _____

Amount Paid: _____

Amount Owed: _____

Please provide all back up documentation available including written contracts, invoices, settlement sheets and NSF check(s) (if applicable) with this complaint.

Explanation: _____

Signature of Complainant

OFFICE USE ONLY

Date of LACC meeting presented: _____

Date of Settlement/Fine: _____

Received check # _____ **Amount \$** _____